Summary – Health in GO TO 2040 DRAFT – 6/7/10

(Please note that this document is a DRAFT and page numbers may change in the version of the plan released for public comment on June 11; this document will be updated at that time.) While *GO TO 2040* does not include a stand-alone section on health, it is included in several places in the plan, described below:

- Inequitable health outcomes correlated with race and income are identified as one of the major challenges facing the region. Both inequitable access to healthy communities and environments (p. 2, 36) and inequitable access to health care (p. 23, 36, 43, 199) are discussed. The "Challenges and Opportunities" chapter contains the most detailed discussion of health inequities and the problems that they cause (p. 38).
- The plan overall makes the link between physical planning and health outcomes and encourages other groups particularly those with responsibility for land use regulation or transportation investment to also recognize this link (p. 39, 290, 347, 353, 367, 369). Health is defined as an important component of livable communities, one of the central themes of the plan (p. 3, 24). In particular, the plan discusses health in relation to access to transportation choices, open space, and healthy food each described more below.
 - There are established links between non-motorized forms of transportation namely, walking and biking and health outcomes (p. 24, 33, 49, 200, 343, 369, 370, 385). Therefore, planning for communities that allow walking and biking either through sidewalk or off-street bicycle improvements, "Complete Streets" approaches to roadway design, or other programs are expected to improve health. This is particularly important for some community members, including the elderly or disabled (p. 49, 204, 208, 356) or children, especially near schools (p. 358, 370, 403).
 - The plan links access to parks and open space with improved health (p. 4, 33, 35, 370, 400), while noting that access to open space provides opportunities for positive outcomes but does not guarantee them. The "open space and parks" chapter contains the most detailed discussion of this relationship (p. 104-107) with citations of numerous studies that have also demonstrated this link.
 - Access to fresh and healthy food is linked to health. The plan's recommendations concerning local food including elimination of food deserts, federal and state policies to support local food, and public education about these topics rest to a large degree on this link (p. 5, 131-148, 370, 389).
 - o Proximity to transportation facilities can sometimes cause negative health impacts for nearby residents, often because of air quality impacts (p. 33, 45, 49).

This can be a problem for freight which the plan recommends to be addressed and mitigated (p. 217-218, 222, 224), and in general, the recommendations of *GO TO 2040* will improve the region's air quality (p. 94, 183, 353, 359, Air Quality Conformity appendix).

- The health care industry is an important economic sector in the region, particularly when considered as part of the biomedical industry cluster (p. 27, 263-264). This industry has a shortage of skilled workers in this industry, and several workforce development efforts to address this shortage are underway (p. 247, 249, 316, 346-347).
- The Regional Indicators project, which is a focus of the "Access to Information" recommendation (p. 19, 300-312), will include a variety of health indicators, meant to improve regional data about health determinants and outcomes.
- A strategy report (http://www.goto2040.org/health/) concerning health was prepared to support GO TO 2040 by the UIC School of Public Health. This report addressed the inequities in health outcomes, identified the links with physical planning (including land use, transportation, and food) described above, recommended that health outcomes be considered during comprehensive planning, discussed the importance of having a skilled workforce for the health industry, and emphasized the importance of improved data.
- Public sector spending on health is high. Health ranks third among discretionary expenditures for the federal government, behind transportation and education (p. 329); first among state expenditures, when grouped with social services (p. 337-338, 344); and first among county expenditures (p. 362). Counties are identified as particularly relevant places to address the links between health and the built environment, because they have authority to address transportation and land use as well as health (p. 12, 367, 369). Nongovernmental organizations including philanthropic groups are also involved in many health-related programs (p. 367, 390).